

Case Number:	CM14-0026195		
Date Assigned:	06/13/2014	Date of Injury:	03/21/2000
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 62-year-old female was reportedly injured on 3/21/2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 3/31/2014, indicated that there were ongoing complaints of low back pain, leg and knee pain. The physical examination demonstrated lumbar spine positive tenderness over L4-L5 and L5-S1 facet joints. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medication and conservative treatment. A request had been made for keratek gel and was not certified in the pre-authorization process on 1/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

KERATEK GEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, Mc Graw Hill, 2006;Physician's Desk Reference, 68th Edition; www.RxList.com and ODG Workers Compensation Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental, and that any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Therefore, this medication is not medically necessary.